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INDICATION FORM**

Application Number	10/304,303
Filing Date	
First Named Inventor	Mohammed Siddiq JAWED MUKARRAM
Title	METHOD FOR THE MANUFACTURE
Art Unit	
Examiner Name	
Attorney Pocket Number	WHS

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Precursor(s) associated with the Customer Number:

58478

OR

☒ Precursor(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,275
Dr. C. M. (Sain) Zaghmout	51,295

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Bio Intellectual Property Services (Bio IPS) LLC		
Address	8508 Kanton Ct		
City	London	State	VA
Country	USA		
Telephone	703-550-1988	Email	BioIPS@BioIPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (e-enclosed) (Form PTO/SB04)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	FEB 23 2006
Name	Mohammed Siddiq JAWED MUKARRAM	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. If the inventor(s) or assignee(s) are not the inventor(s) or assignee(s) of record, a signature is required, see below.

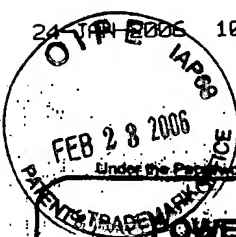
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WH-15: page 1 of 5

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Application Number	10/564,363
Filing Date	
First Named Inventor	Mohammad Siddiqi (d/b/a: MUKARRAM)
Title	METHOD FOR THE MANUFACTURE...
Art/Unit	
Examiner Name	
Attorney Docket Number	WH-15

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	61,278
Dr. O. M. (Sam) Zaghmout	61,296

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ The address associated with Customer Number:

58478

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bib Intellectual Property Services (Bib IPS) LLC		
Address	8509 Kemron Ct		
City	London	State	VA Zip 22079
Country	USA		
Telephone	703-550-1968	Email	BibIPS@BibIPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/88)

SIGNATURE of Applicant or Assignee of Record:

Signature	<i>[Signature]</i>	Date	12-01-2006
Name	Bhargav Krishnai UPADHYE	Telephone	(800) 643-7454
Title and Company	Research Scientist, M/S Woodward		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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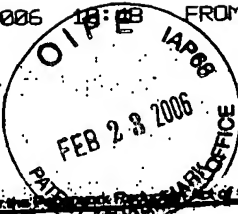
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24-JAN-2006

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P.06



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Application Number: 10/564,363

Filing Date: _____

First Named Inventor: Mohammed Rashed Juma'at Al-Kandari

Title: METHOD FOR THE MANUFACTURE —

Art Unit: _____

Examiner Name: _____

Attorney/Doctel Number: _____

I hereby revoke all previous powers of attorney given in the above-identified application.

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58478

OR

☒ Precursor(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,273
Dr. O. M. (Sam) Zagymous	51,266

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OR

☒ The address associated with Customer Number:

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☒ Firm or Individual Name: Bio Intellectual Property Services (Bio-IPS) LLC

Address: 8509 Kerman Ct

City: London State: VA Zip: 22093

Country: USA

Telephone: 703-650-1998 Email: Bio-IPS@BioIPS.com

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature: *[Signature]* Date: 1/13/06

Name: Vidupathiraj Delp HEGDE Telephone: 628-015837142

Title and Company: _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Signature of the representative(s) is required, see below.

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